

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000108

1. Entity Name

SAFEGUARD CORAL SPRINGS, LP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business

111 VETERANS BLVD., SUITE 1008
METAIRIE LA 70005

Mailing Address

111 VETERANS BLVD., SUITE 1008
METAIRIE LA 70005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

111 VETERANS BLVD.
Suite, Apt. #, etc.
SUITE 1150

3. Mailing Address

111 VETERANS BLVD.
Suite, Apt. #, etc.
SUITE 1150

City & State

METAIRIE, LA

City & State

METAIRIE, LA

Zip

70005

Country

USA

Zip

70005

Country

USA

4. FEI Number

72-1452879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$900,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # M99000000310
NAME SAFEGUARD DEVELOPMENT GROUP III, L.L.C.
STREET ADDRESS 111 VETERANS BLVD., SUITE 1008
CITY - ST - ZIP METAIRIE LA 70005

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 111 VETERANS BLVD., SUITE 1150
CITY - ST - ZIP METAIRIE, LA 70005

STREET ADDRESS
CITY - ST - ZIP
300003260693--8
05/19/00-01134-018
***526.25 ***526.25

STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/00
Date

504-938-8000
Daytime Phone #